SYMBRAL FOUNDATION FOR COMMUNITY SERVICES, INC.

P.O. Box 60672 WASHINGTON, D.C. 20039 2007 FEB 28 A 10: 18
914 SILVER SPRING AVENUE,
SUITE 103
SILVER SPRING, MARYLAND 20910
TELEPHONE #: (301) 650-5722
FAX NUMBER: (301) 650-5729

February 27th, 2007

To:

Patricia VanBuren

Program Manager ICF Division

Department of Health

825 North Capital Street, NE

Washington, DC 20001

Dear Ms VanBuren;

You will find enclosed the Plan of Correction for our Harmony Home located at 521 Kennedy St. NE Washington DC 20011. We have corrected the required responses as directed.

If you have any questions regarding the documents we sent to you please feel free to contact Rhonda Seegobin or Gemma Calliste, Program Manager at (301) 650-5722.

Sincerely,

Dr. Yvonne Mohammed, CEO

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SYMBRAL POINT SUMMARY STATEMENT OF DEPROPRICES PROPRET PROPRIATE PR	NAME OF P	ROVIDER OR SUPPLIER	···		STR	FFT ADDRESS CITY STATE ZIP CODE	02/0	0,500,
REFIX REGULATORY OR LISC DENTRYING INFORMATION [W 000] INITIAL COMMENTS A B visit survey process focused on venifying continuous compilance with faderal requirements in the Conditions of Gevening Body, Client Protections and Health Care Services. Four format and in the Conditions of Gevening Body, Client Frotections and Health Care Services. Four format and in the group home in addition to interviews with residential and nursing staff. A review of records that included unusual incident reports was also conducted. The survey smalled in the group home in addition to interviews with residential and nursing staff. A review of records that included unusual incident reports was also conducted. The survey smalled incompilance with no standard lovel deficiencies. [W 124] REAL 20(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of sall clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client is a minor), or legal guardian, of the client is a minor), or legal guardian, of the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor), or legal guardian, or the client is a minor). This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to ensure the right or conditions developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment. The	SYMBRA	AL.			52	21 KENNEDY STREET, NE		
A B visit survey was conducted on February 8, 2007. This survey process focused on verifying continuous compliance with federal requirements in the Conditions of Governing Body, Client Protections and Health Care Services. Four fermales with varying degrees of disabilities reside in this facility. The survey sample was derived from a random sampling of two of the four clients. The survey inclings are based on observations in the group home in addition to interviews with residential and nursing staff. A review of records that included unusual inclidant reports was also conducted. The survey resulted in compliance with no standard level deficiencies. 483.420(a)(2) PROTECTION OF CLIENTS [W124] A83.420(a)(2) PROTECTION OF CLIENTS [The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal gulardian, of the client is a minor), or legal gulardian, of the client is a minor), or legal gulardian, of the client is a minor), or legal gulardian, of the client is a minor), or legal gulardian, or the client is a minor), or legal gulardian, or the client is a minor), or legal gulardian, or the client is a minor), or legal gulardian, or the client is a minor), or legal gulardian, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on observation, interview and record verification, the facility failed to sessure the right of each client or their legal guardian to be informed of the client medical condition, developmental and behavioral status, attendant risks of treatment, and the right to refuse treatment for one of the two clients in the semple. (Client #2) The finding includes: The facility failed to ensure clients were informed	PREFIX	(EACH DEFIGIENC	Y MUST BE PRECEDED BY FULL	PREFI	`	(EACH CORRECTIVE ACTION SHOULD	BE CROSS.	COMPLETION
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BORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVES SIGNATURE TITLE (X8) DATE		Based on observative filter the factorial control of the client's mediand behavioral state treatment, and the one of the two clients. The finding include	tion, Interview and record cility falled to ensure the right of legal guardian to be informed ical condition, developmental tus, attendant risks of right to refuse treatment for interior the sample. (Client #2)				주	HEALTH
	ABORATORY	-	· · · · · · · · · · · · · · · · · · ·	VATURE		TITLE	<u> </u>	(ER) DATE
		l. (1	4	ACTIONE.		CES.		(3)) /2 7

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ether asteguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 9JUQ12

Facility ID: DEGDS8

If continuation sheet Page 1 of 3

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PRINTED: 02/16/2007

DEPARTMENT OF HEALTH AND HUMAN SERVICES: PRINTED: 02/16/20								
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
.09G058		a' MING		R				
NAME OF F	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CO	02/08/2007			
SYMBRA	AL		521 KENNEDY STREET, NE WASHINGTON, DC 20011					
(X4) ID PREFIX TAG	Summary Statement of Deficiencies (Each Deficiency Must be preceded by Full (Regulatory or LSC Identifying Information)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROS- REFERENCED TO THE APPROPRIATE DEFICIENC		(X4) COMPLETION DATE		
(W.124)	of the risks and ben medications and be Review of Client #2 revealed that the cli Prozac for the many behaviors. The nurreceived these med behaviors. Review show evidence that optained for the use There was no evide involved in using the	ge 1 iefits of their psychotropic havior management plans. is current physician orders ent receives Thorazine and agement of his maladaptive so indicated that the client ication for his maladaptive of Client #2's record failed to written consent had been to the above medications, nos that the potential risks assemedications, or the right ications had been explained	(W 124)	The facility has secured a legal guar consumer number #2 on 1/23/2007 has reviewed and signed the consultation of the consultation of the consultation of the signal guardian is the appointment of legal guardian with the assistance of DDS. Upon days of admission to a facility, Synconsumer's records and assess the Guardian/Surrogate Decision Making ference with W263.	The Guardian mer's "Bill of /2007. The tegies to secure for all consumers with thirty (30) ibral will review need for Legal	.2/22/2007. and ongoing		
	Professional (QMRF February 8, 2007 incontained a legal guar However the consequential obtained regarding obtained regarding of measures to include medications. Additional, review of records revealed a pated August 8, 200 documented the clisional decisional decis	nt "is not competent to make ns regarding health, medical	(W 263)		**			
	are conducted only v	old insure that these programs with the written informed , parents (if the client is a lian,	· ·	·				

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (M) PROVIDER/SUPPLIER/CLÍA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE S	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED		
	095058		a. WING	NG		R	
NAME OF PROVIDER OR SUPPLIER SYMBRAL			STREET ADDRESS, DITY, STATE, ZIP CODE 621 KENNEDY STREET, NE WASHINGTON, DC 20011				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION		COMPLETION DATE	
(W 263)	Continued From page 2 This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility falled to ensure that programs, which incorporate restrictive techniques, were conducted only with the written informed consent of the client or legal guardian for one of the two clients in the sample. (Client #2)			The facility has secured a legal guardian for consumer number #2 on 1/23/2007. The Guardian has reviewed and signed the consumer's "Bill of Rights" and consent forms on 2/22/2007. The facility is currently using other strategies to secure the appointment of legal guardian for all consumers with the assistance of DDS. Upon with thirty (30) days of admission to a facility, Symbral will review consumer's records and assess the need for Legal Guardian/Surrogate Decision Maker. Further cross reference with W263.		2/22/2007 and on going	
	that the HRC had in	/124) There was no evidence formed consent for the use of f plans that included the use lications,			· · · · · · · · · · · · · · · · · · ·		
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